Revision: HCFA-PM-91-4 (BPD) OMB No.: 0938-

State/Territory: Texas

Citation 4.18(c) (Continued)

(3) Unless a waiver under 42 CFR 431.55(g) applies, nominal deductible, coinsurance, copayment, or similar charges are imposed on services that are not excluded from such charges under item (b)(2) above.

☐ Not applicable. No such charges are imposed.

(i) For any service, no more than one type of charge is imposed.

(ii) Charges apply to services furnished to the following age group:

☐ 18 or older

☒ 19 or older

☐ 20 or older

☐ 21 or older

Reasonable categories of individuals who are 18 years of age or older, but under 21, to whom charges apply are listed below, if applicable:

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DATE REC'D 10-1-02
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A

SUPERSEDES TN 91-34

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE Texas
DATE REC'D 10-1-02
DATE APP'V'D 12-13-02
DATE EFF 12-1-02
HCFA 179 02-15

A

State: Texas

A. The following charges are imposed on the categorically needy:

Emergency Department Services – non-emergency services While payments for non-emergency services in an emergency room are not available, the average payment per outpatient service is about $237.			X	Adult TANF and adult Aged Blind and Disabled recipients pay a $3.00 copay for non-emergency services provided in an emergency services department. The definition of "emergency service" is consistent with "prudent lay person" requirements. (42 C.F.R.§438.114(a)) Hospitals are responsible for collecting copayments from fee for service recipients and managed care enrollees.
Pharmacy services – Generic medications – In October 2002, the average amount paid for a generic prescription was $17.70			X	Adult TANF and ABD recipients pay $.50 for each generic prescription.
Brand name medications – In October 2002, the average amount paid for a brand name prescription was $87.74			X	Adult TANF and ABD recipients pay $3.00 for each brand name prescription.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Texas.

B. The method used to collect cost sharing charges for categorically needy individuals:

☒ Providers are responsible for collecting the cost sharing charges from individuals.

☐ The agency reimburses providers the full Medicaid rate for services and collects the cost sharing charges from individuals.

C. The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

The recipient must declare his inability to meet the copay at the point of service. Providers must accept the recipient's declaration of inability to pay for the service.

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SUPERSEDES: TN- 85-07

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Texas

D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below:

The copay provisions apply to the adult (age 19 and older) TANF and ABD recipients. The eligibility information system and pharmacy information system are used to identify the copay population. Recipients listed in 42 CFR 447.53(b) are not identified in the system as eligible for the copay.

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E. Cumulative maximums on charges:

☐ State policy does not provide for cumulative maximums.

☒ Cumulative maximums have been established as described below:

Recipients are notified that beginning with the first month of enrollment in Medicaid, there is a cap on copayments of $8 for any single calendar month. Recipients are responsible for keeping their copay receipts. Upon reaching the monthly maximum, the recipient must inform the provider that they have reached the maximum and are exempt from making additional copayments for the month. Providers may require that recipients verify that they have reached the $8 monthly copay maximum. Recipients are educated to retain their receipts as documentation.

SUPERSEDES: TN- 85-07

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE Texas
DATE RECD 10-1-02
DATE APPD 12-13-02
DATE EFF 12-1-02
HCFA 179 02-15

A

State: Texas

A. The following charges are imposed on the medically needy for services:

Emergency Department Services – non-emergency services While payments for non-emergency services in an emergency room are not available, the average payment per outpatient service is about $237.			X	Adult caretakers of children in the Medically Needy Program pay a $3.00 copay for non-emergency services provided in an emergency services department. The definition of "emergency service" is consistent with "prudent lay person" requirements. 42 C.F.R. §438.114(a). Hospitals are responsible for collecting copayments from fee for service recipients and managed care enrollees.
Pharmacy services – Generic medications – In October 2002, the average amount paid for a generic prescription was $17.70			X	Adult caretakers of children in the Medically Needy Program pay $.50 for each generic prescription.
Brand name medications – In October 2002, the average amount paid for a brand name prescription was $87.74			X	Adult caretakers of children in the Medically Needy Program pay $3.00 for each brand name prescription.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Texas

B. The method used to collect cost sharing charges for medically needy individuals:

☒ Providers are responsible for collecting the cost sharing charges from individuals.

☐ The agency reimburses providers the full Medicaid rate for services and collects the cost sharing charges from individuals.

C. The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

The recipient must declare his inability to meet the copay at the point of service. Providers must accept the recipient's declaration of inability to pay for the service.

STATE Texas
DATE REC'D 10-1-02
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SUPERSEDES: TN- 85-07

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Texas

D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below:

The copay provisions under this amendment apply to the adult (age 19 and older) caretakers of children in the Medically Needy Program. The eligibility information system and pharmacy information system are used to identify the copay population. Recipients listed in 42 CFR 447.53(b) are not identified in the system as eligible for the copay.

STATE Texas
DATE REC'D 10-1-02
DATE APPVD 12-13-02
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HCFA 179 02-15

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E. Cumulative maximums on charges:

☐ State policy does not provide for cumulative maximums.

☒ Cumulative maximums have been established as described below:

Recipients are notified that beginning with the first month of enrollment in Medicaid, there is a cap on copayments of $8 for any single calendar month. Recipients are responsible for keeping their copay receipts. Upon reaching the monthly maximum, the recipient must inform the provider that they have reached the maximum and are exempt from making further copayments for the month. Providers may require that recipients verify that they have reached the $8 monthly copay maximum. Recipients are educated to retain their receipts as documentation.

SUPERSEDES: TN- 85-07

Five Year Summary of Fiscal Implications						
Bill #		**FY03**	**FY04**	**FY05**	**FY06**	**FY07**
Expenses						
Position Title/Salary Group	**Number of Positions**					
Subtotal, Salaries		$0	$0	$0	$0	$0
FTE Total						
Client redirection ER (1%)		(472,222)	(500,000)	(500,000)	(500,000)	(500,000)
Pharmacy payment reduction		(2,758,007)	(11,059,175)	(11,083,810)	(11,083,810)	(11,083,810)
Pharmacy drug redirection (1%)		(3,199,691)	(4,521,865)	(4,526,580)	(4,526,580)	(4,526,580)
Administrative		68,200	11,000	11,000	11,000	11,000
Subtotal, Agency Cost		($6,361,720)	($16,070,040)	($16,099,390)	($16,099,390)	($16,099,390)
Employee Benefits		0	0	0	0	0
Total, Bill Savings		**($6,361,720)**	**($16,070,040)**	**($16,099,390)**	**($16,099,390)**	**($16,099,390)**
Method of Finance						
General Revenue 001						
GR Match for Medicaid		(2,537,225)	(6,441,389)	(6,475,710)	(6,477,321)	(6,477,321)
Federal Funds 555		(3,824,495)	(9,628,651)	(9,623,680)	(9,622,069)	(9,622,069)
Other Funds (specify)						
Other Funds (specify)						
Total, MOF		($6,361,720)	($16,070,040)	($16,099,390)	($16,099,390)	($16,099,390)
Balance Check		0	0	0	0	0

Summary of Fiscal Implications

Fiscal Year	Probable Cost to Fund 001	Probable Savings to Federal Funds	Probable Savings to Fund 001	Probable Revenue Gain/Loss to Fund ###	Change in FTEs
2003	$ -	$ (3,824,495)	$ (2,537,225)		-
2004	$ -	$ (9,628,651)	$ (6,441,389)		-
2005	$ -	$ (9,623,680)	$ (6,475,710)		-
2006	$ -	$ (9,622,069)	$ (6,477,321)		-
2007	$ -	$ (9,622,069)	$ (6,477,321)		-